

CLAIMS ONLY	Application Number	Filing Date
	10/809825	
	Applicant(s)	

10/809825

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2	/					
3						
4	/					
5		/				
6		/				
7	/					
8		/				
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49						
50						
Total Indep	10					
Total Depend	5					
Total Claims	15					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						